



Mail this registration form to:
 Creative Retirement Institute
 Edmonds Conference Center
 201 Fourth Avenue North
 Edmonds, WA 98020

Mail, Fax, or Walk-in Registration Only

Name _____ Student ID# _____
 (Your student ID # begins with either 955 or CRI.)
 If you are new to CRI please give your birth date ____/____/____ .
 Mailing Address _____

City State Zip Phone E-mail

In case of an emergency, please notify:

Name _____ Phone _____

2009--2010 Members Only	If your class total is \$100 or more, select a FREE class from those marked with a ✓.
#C _____	

Members have priority registration until November 18.

Winter speaker luncheon registration must be made by November 26.

Course #	Course Title	Fee
#C _____	_____	_____
#C _____	_____	_____
#C _____	_____	_____
#C _____	_____	_____
#C _____	_____	_____
#C _____	_____	_____

***Note: some classes are concurrent**

Class Total _____

Class registration Fee 5.00

#C970 Annual academic yr, membership (\$60.00) _____

#C971 2nd Family Annual academic yr, membership (\$45.00) _____

#C976 Winter quarter membership (\$30.00) _____

#C973 Winter lunch (member) (\$12.00) _____

Winter lunch (non-member) (\$20.00) _____

Final Total _____

Make check payable to EdCC. Check # _____

Tax deductible gift Separate check EdCC Foundation/CRI Friends Amount _____ Check# _____

Vegetarian lunch

MasterCard VISA Credit Card # _____ Exp. _____

Name as it appears on credit card. _____

CRI office use only: Register Date _____ By: _____ Register Systems _____
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